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ART. I.—CASE OF MERCURIAL PERIOSTITIS, TREATED BY
THE PHYTOLACCA DECANDRA.

BY J. B. JONES, M. D.

Circleville, Ohio, August 1st, 1840.

Professor R. Dunglison,

The following case, which lately occurred in my practice, I send you an account of, thinking you may perhaps judge it worthy of a place in your valuable periodical. Yours, respectfully,

JOHN B. JONES, M. D.

J—P—, aged 24, of rather lymphatic temperament, four years ago was exposed and contracted syphilitic disease, as he supposed,—there appearing a small ulcer upon the prepuce about the size of a fourpence, of rather an indolent character. At this time he applied to a physician, who prescribed blue pill, without any benefit to the ulcer; there was nothing like indurated glands, or any discharge from the urethra; he continued the use of the pills for three months, during which time he took upwards of 400 six grain pills, still continuing to work hard on the farm. At the expiration of this time, he became much worse, with loss of appetite, feverishness, pains in his limbs, nodes on both tibiae and cranium; he would pass from four to six nights without sleeping. At this period, a change took place in his medical attendants, who again treated him with mercurials, guaiacum, and sarsaparilla, with no apparent benefit, except when he took the small doses of calomel; he again changed his physician in hopes of a cure, and was ordered the balsam of copaiba, squills, opium, uva ursi, and mezereon, without any better success. He was visited by a fourth physician, who ordered a decoction of *arctium lappa*, alternated with mercurial purges and guaiacum, which relieved him somewhat; he again relapsed, when another medical attendant was sought, who, in addition, directed the acetate of morphine and the warm bath. The opiates had the effect of quieting the irritability and lulling the pain, so that he could pass the time more comfortably: this last adviser having moved away, his fourth physician was again called, with two others, who decided upon using small doses of corrosive sublimate, increased to a very considerable extent, which again relieved him somewhat. He continued to pass his time in this manner, when I visited him in company with one of his physicians in May last; he was then much emaciated; face somewhat bloated; pains in both knees and ankles; nodes on the shafts of both tibiae; his cranium would have bid defiance to the scrutiny of a Gall or Spurzheim, so much was it deformed; appetite bad; respiration natural; skin dry and hard; urine scanty and high coloured; he was in the habit of

taking large opiates to procure any alleviation of his suffering, and when the opium was withheld he would cry like a child.

This case was viewed as secondary syphilis by all his medical attendants, and treated accordingly, with the result detailed above. After investigating the case from the commencement, I decided it to be periostitis from injudicious use of mercurials, to which two of my medical friends agreed. The next problem to be solved was, what could be done that had not already been done by professional men, eminent for their practical and scientific attainments? I considered this a fair case for the exhibition of the *phytolacca decandra*.

In the first place, I withheld the opiates, and gave the extract of stramonium in grain doses, increasing it half a grain every day as long as the system would bear it, with laxatives; he continued the use of the stramonium pills for three days, when they could no longer be borne, which had the effect of breaking up the habit of taking opium. I then procured ten pounds of the recent root of the *phytolacca*, and boiled it in half a gallon of water, until about a quart remained. This decoction being strained, and some spirits added to prevent fermentation, I ordered a wine glassful three times a day. This agreed pretty well with the stomach; producing a prickling sensation over the whole surface, and acting slightly on the bowels. He had not taken the decoction more than two days when his appetite returned; the pains were scarcely felt; slept comfortably; he continued their use for one week, then left off for some length of time;—this and exercise on horseback have so far restored his shattered constitution, that he can walk about the farm, ride to town the distance of three miles, and is evidently convalescent.

I do not think that the stramonium had any effect but to break in upon the habit of the excessive use of opium; for after its exhibition the patient continued in the same condition until the decoction had time to act:—I think physicians have not given the *phytolacca* in sufficiently large doses.

ART. II.—CASES OF HYDROPHOBIA, OR RABIES.

BY ALEXANDER KILGOUR, M. D.¹

No cases of hydrophobia had occurred in Aberdeen, or the northeast of Scotland, in the memory of any inhabitant, until the present year, (1839,) when the following cases of it made their appearance. In the month of March considerable alarm was created by a bitch which was running about through the streets, and bit a considerable number of persons; but it was ascertained that the animal had been deprived of her puppies; and her ferocity was ascribed to this as its cause. She was destroyed; but, in consequence of the excitement produced, the magistrates directed that no dog should be allowed to appear on the streets without being muzzled; and those found without the muzzle were taken to the watch-house and destroyed, or their owners fined. The muzzles used were leather straps, a part of which goes round the head of the dog an inch or two above its nose, and prevents it opening its mouth to half its usual extent, or protruding its tongue. To save the expense of a muzzle made by a saddler, many of the poor people had their dogs' heads confined by pieces of cord or tape fastened tightly round them. Those not muzzled were confined at home, being generally tied up; or were led about by their owners on the streets with a string attached to them. In consequence of the alarm, and from the measures of security which were enforced, dogs were shunned, and when met with loose, they were hunted by boys until they were irritated, and then being declared mad, they were pursued until destroyed, or got clear of their pursuers. Whether from this system of hunting and baiting them, or that they

¹ Edinb. Med. and Surg. Jour. April, 1840, p. 340.

really were diseased, and had, as usual when affected with rabies, run themselves to death in obscure and unfrequented places, there can be no doubt that several dogs were found dead within a mile or two of the town, and of these some had previously been seen running wildly about the country. Many rumours went abroad of strange dogs having been observed affected with disease, and of their biting others; but nothing could be gathered of a definite nature when these reports were investigated.

In the three cases following, the history of the bite is given as far as could be ascertained. The first case, as well as the third, proved fatal at the patients' own houses; the other was admitted into the Infirmary, under the charge of my colleague, Dr. Dyce, who has furnished me with the report. I leave the third case to speak for itself. I did not see the patient in life, but there is no doubt on my mind, nor I believe on that of the medical gentlemen who attended her, that it was a decided case of hydrophobia.

I have nothing to offer in regard to the pathology of the disease or its treatment. I believe we are as far as ever from having any satisfactory understanding of the one, as we are from possessing means of ensuring a successful issue in the other. There are two points, however, common to two of these cases, the second and the third, that they took place in individuals of a particularly nervous temperament; and that the most careful *post mortem* examination in the first case, and in the second to the same extent, except that the spine was not opened, discovered to us absolutely nothing that we could connect with the previous symptoms. Could any thing be gathered, in a physiological view, from the fact that all these patients, when pressed to take fluids, demanded a spoon with which to convey them to the mouth; and that they preferred taking substances in the state of pap, for example, porridge and milk, and bread and milk, or tea with biscuit soaked in it, to either solids or fluids? In Dr. Dyce's patient, I observed, on my carrying a small white earthenware vessel with water in it towards the patient's bed, that he began to move his mouth and throat before I offered it, as if in the process already of deglutition, or rather mastication, and what he took from me was in small mouthfuls, and swallowed as if after mastication, instead of a steady draught.

CASE 1.—Thomas Alison, aged 10, residing at Footdee, of a healthy appearance, and described by a most intelligent person in whose vicinity he resided, and who daily saw him, as a remarkably smart and clever but tricky boy, was bit on Friday, the 10th of May, by a dog. The dog had at one time been domesticated in the same neighbourhood, but had afterwards been taken into the country for a few miles, where he had been bitten by another strange dog, and on getting back to town on the day mentioned, had visited his old quarter. There was no reason for supposing at the time that he was diseased, and he was not previously considered vicious. A man in the building-yard, which he entered, was patting him, and the boy Alison put down his hand for the same purpose, when the dog bit him in the wrist.

The boy's mother stated that he was much alarmed from the bite, and that, since that time, he has been often disturbed in his sleep, rather fretful, and not as usual amongst the rest of the children. She washed the wound with spirits, and applied poultices. On the 21st May, he went into the harbour in a boat, and losing his oar, became very much excited, and screamed until some persons went out to his assistance, and brought him ashore. But, residing close to the harbour, he was much accustomed to boating in it, and his mother stated that his situation would formerly have been in no way alarming to him. On Wednesday, the 29th May, she observed that he was unusually dull and inclined to sit by the fire. She thought his stomach was disordered, and gave him of her own accord a calomel powder, and on the following morning a dose of senna infusion. On this day, Thursday, the 30th, he was first observed to have spasms. On Friday, at seven in the morning, Dr. Cuddie was sent for, and informed that the boy had hydro-

phobia. On visiting him, he was satisfied that such was the case; and he bled him and gave him some purgative medicine, and after that calomel and opium. At a few minutes past one of the same day, I saw him along with Dr. Cuddie and Dr. Ogston.

The instant we entered the room, and passed the end of the bed, which was close to the door, but covered, the boy started up with a scream, and placed himself in a sitting position in the farthest corner of it. My impression at that instant, and all the time I saw him, was, that I had never seen any thing like his appearance, but that of a child who had been greatly frightened, and not recovered from the fright. His countenance was anxious and unsettled, but not flushed or cadaveric. The predominant expression was that of extreme fright and terror. His eyes had a peculiarly unsettled but not wild expression. In a few seconds he was reconciled to our presence, but frequently sprung up to the sitting posture with a scream, and put his hand to his throat, as if he were choking, at the same time throwing his head up, as if he wished to inhale deeply. He would then handle or move the bed-clothes, but without any apparent determinate object; then sigh frequently and deeply, and become quieter. In a few minutes, again, the same was repeated. Sometimes he raised himself more than half out of bed, but raised his chin as if to lengthen his neck, and carried his hand to the throat and the breast. At these times there was an evident catch in the breathing, or difficult inspiration. There was in the intervals of these spasms of the throat jactitation of the body, and twisting of the mouth, particularly drawing down of the angle of the mouth on the same side as the bite. He very frequently gave something between a sigh and a moan; he retched occasionally, and brought up a frothy fluid like saliva, which was adhesive and stringy. Whatever he did was in a hasty manner: and his question "*Fat,*" Aberdonice for *what*, when he did not understand us, was given in a startled way, not that he was frightened at us, but as if under fright from some other cause. On offering to touch him, he started up to the further corner of the bed; but, in an instant, on telling him that we wanted to feel his arm, he put it out to us. The same took place on offering to touch any part of his body; but on coaxing him a little, he took my hand, and conveyed it himself, first to his left arm-pit, and then to the back of his neck; but he had the greatest sensitiveness in regard to touch, and no deliberate examination of any part could be made from his restlessness and uneasiness. When questions were put to him, he spoke sensibly, but hurriedly, and always as if in alarm. He appeared to take no interest in the conversation we had with his mother as to the history of the case, nor to regard our presence or look much at us, the frequent paroxysms keeping him in a constant state of alarm and pain. There was no matter or inflammatory redness about the scars on the wrist. His pulse, as far as could be ascertained, was very weak and rapid, about 120; the skin was cool; he had made urine, and his bowels had been fully opened; he had vomited (he told Dr. Cuddie) all his medicine. His mother stated that he had had a swelling in his arm-pit two or three days before, but, as far as he allowed examination, nothing of the kind could be felt. The blood taken in the morning was in a dark clot, and so soft that the probe could not raise it, but passed through it. A tin tumbler of water was offered him, which he rejected with a start; but on again coaxing him, he agreed to take a drink, provided he got a spoon and a plate. He then took two or three spoonfuls of the water into the plate, and took a spoonful of the fluid from the latter, which he swallowed. His hands shook much, and he darted the spoonful to his mouth suddenly, after having as it were made up his mind to swallow the water, but immediately after retching and vomiting took place.

Before we left him I poured some water from a height on the plate without his seeing me, and he instantly projected his hands in a supplicating attitude, with a countenance of extreme terror, and then buried himself under the bed-clothes. Dr. Cuddie stated the symptoms to have been the same

in the morning, but that the pulse was stronger and the spasms more frequent. In the evening, at half past seven, he was taking some porridge and milk; but his pulse was scarcely to be felt; the skin was cold, and his face was congested. He was also somewhat delirious, and inclined to be talkative, and rather witty with Dr. Cuddie, whom he best knew. He died about 11, in one of the paroxysms, according to his mother's statement.

The body was examined by the same parties, and Mr. Fraser, surgeon, nineteen hours after death.

The throat, chest, abdomen, head, and spine, were most carefully examined, but nothing particularly deserving notice observed. The tongue was indented on the sides by the teeth, and there was some adhesive mucus on the palate. The glottis and pharynx were natural. The spaces betwixt the rings of the trachea were somewhat vascular. The œsophagus was pale as usual, except close to the cardiac opening, where the tint was pinkish. The mucous coat of the stomach was marked by some spots composed of close red dots. The intestines, particularly the colon, were much distended with air, and giving out the smell of turpentine, of which he had an enema.

The lungs were rather congested. The heart contained semi-fluid blood in both ventricles. The liver was natural.

The kidneys were rather vascular.

The brain was natural; or if any change, it was that the great commissure and *corpora striata* were rather soft. Bubbles of air were observed in the veins; and not half an ounce of fluid in the brain. Some fluid was found in the theca of the spinal canal. The chord was in some places more vascular than usual; but as to this all were not of one mind.

The body was pale; the lips rather blue; the joints stiff. The largest scar was close to the wrist on its internal and anterior side. It was jagged and irregular on the edge. On laying open the part, it was found to be placed over the ligament binding down the tendons, and immediately over the ulnar nerve, but not penetrating to it. There was no purulent matter, nor signs of inflammatory action. The other scar was on the back of the metacarpal bone of the thumb, but was healed up, or left only a slight mark. It was found immediately over the posterior branch of the muscular spiral, but there were no appearances of the bite having gone through the cellular tissue. The nerves were perfectly healthy, and no appearance of any inflammation of the absorbents in the arms was recognised. There was no swelling in the arm-pit.

CASE 2.—G. G., aged 28, married, a stout, muscular farm-servant, was admitted into St. Nicholas' Ward about 2 P. M. on Monday, the 12th August, 1839, with symptoms of hydrophobia.

He stated, that on the 7th of July, on attempting to tie up a dog, which was supposed to be unwell, he was bitten in the right fore-arm near the wrist, and in the fore and upper part of the right thigh. To both wounds caustic was freely applied soon after the injury, and they were then dressed with basilicon and poultices until they healed, which took place in about a fortnight. He then remained free from complaint, excepting a degree of weakness, until the 7th of August, (five days ago,) when he felt occasional sharp pains in the fingers and right arm, extending towards the *axilla*, with numbness and diminution of power in the whole extremity. He continued at his work, however, until Saturday, the 10th, when the pain in the arm increased, and extended to his neck. He then applied for medical aid. He was ordered a dose of calomel and jalap, with a mixture containing *Mist. Camphoræ*, ℥iij.; *Solut. Muriat. Morph.* ℥i. M., of which he was to take a table-spoonful occasionally.

On Sunday (11th) he was restless from oppression about the chest, with some sense of choking. He had not taken the mixture as prescribed; the powder had operated well; the pain in arm was less severe, but the arm was still numbed. His appetite was good, and he ate on this night a hearty sup-

per before going to bed. He had not been asleep long when he was awoke by an oppressive sense of choking, from a feeling as if a lump lay at his chest, with increased pain in the right arm, and which he distinctly described as extending to his throat and chest, with almost total loss of power of the extremity. When he got up to drink some toast and water to quench his thirst, which was very urgent, he found he could not swallow it; and when he again tried and succeeded, the effort was followed by so severe a paroxysm of agitation, choking, and profuse perspiration, as, to use his own words, "almost destroyed him." He slept none after this, and continued restless.

When first seen on admission into the hospital on the 12th, he was being fed by the nurse (out of a white vessel) with bread and milk, of which he was reported to have swallowed, though with difficulty, some spoonfuls. He complained much of want of sleep; was tranquil in manner; occasionally sighed deeply, but without irregular breathing; said the cold air annoyed him, and requested the door to be kept shut, and then gave the foregoing account of his complaint.

He expressed no disinclination to take fluids when offered him; but it was evident the resolution produced anxiety; and when the vessel was brought near him, his eye glistened, and his frame and manner became agitated and flurried, but without actual spasm. The impression on my mind at the moment was an unwilling compliance, or wished for evasion of the question, as he entreated in rapid succession not to be hurried, to give it in a spoon, and that it should be warm. Warm fluids produced less uneasiness than cold, and solids less than either. The cicatrices presented nothing unusual; they were very slightly tender, of a deep purple colour, without induration, and partially covered with a loosely adherent scale. Both arms were numbed, particularly the right or bitten arm, with which he was unable to lift any thing. He could, however, raise it to his head when requested. He had no numbness or uneasiness in the lower extremities. The pulse was about 100; tongue covered with a thick, tenacious, white coating, but moist; the body was covered with perspiration.

℞. *Camphoræ*; *Calomelanos a.* gr. iii.; *Opii Pulv.* gr. i. *M. Ft. pilul.* ii. *statim sumendæ.*

8 p. m. He had several short sleeps. From the first he awoke agitated and alarmed, from the others quietly. He took some warm bread and milk with a little difficulty, but shrunk from cold water. He thought himself not so well. Had frequent eructations during the visit, which, each time, was followed by a slight tremor and uneasy motion of his body. On requesting him to drink, he was thrown into violent agitation before it had approached him, attended with catching and deep hurried inspirations, and he begged us to desist. Shortly after this he swallowed one or two spoonfuls hastily, and with much difficulty, perspiration continuing profuse. The tongue and pulse were much as at last report. He was ordered two pills containing *Calomel.* gr. iv. *Opii*, gr. ii. *Camphor.* gr. iii. every four hours, and the following liniment to his back and breast: *Tinct. Opii*, ℥i. *Spt. Camph.* ℥ss. *Aq. Ammon.* ℥ii. *M.* A turpentine enema was directed to be given.

August 13, 9 a. m. Had taken six of the pills ordered last night, and he had slept several times quietly though shortly until 5 a. m. when he took the last pills. Soon after this he was attacked with violent spasmodic retching, with a copious flow of glutinous frothy saliva from the mouth, mixed with dark streaks, apparently blood. He complains much of a disagreeable taste in mouth, with a sense of burning at epigastrium and throat. The breathing not so hurried or oppressed, neither has he the same dread of liquids, having, he says, helped himself to some cold water. A pill of croton oil and crumb of bread, ordered at 6 a. m. has only now been taken, after much persuasion and increased difficulty. Feels inclined to eat, but positively refuses to take more medicine. The enema produced no effect. Pulse about 120; tongue more furred; sweating still profuse.

Noon. He is reported to have taken some biscuit soaked in tea, with little difficulty, and continued quiet and tolerably comfortable until half past 11, when the retching and flow of saliva returned. Has talked at times incoherently, affirming that he has been poisoned, and all around him have conspired to murder him. At present he is quiet, but his expression of countenance is more anxious; spoke sensibly; and, when requested, took a spoonful of water with less apparent reluctance and difficulty than last night; pulse 130. He was directed to have immediately a teaspoonful of laudanum, to be repeated every third hour; and a purgative enema. About an hour after this, whilst I was visiting the other patients in the ward adjoining his closet, he became violently agitated, threw himself about in bed, talking loudly and incoherently, while the frothy saliva flowed copiously from his mouth, but without retching. The perspiration ran from his face. This attack appeared to have been brought on by an occurrence in the ward,—a patient having suddenly expired, whose last shriek he appeared to associate with the cry of his child, about whom and his wife he raved. The paroxysm soon passed off, and he became submissive, lay with his eyes half closed, and swallowed a teaspoonful of laudanum with little persuasion or difficulty. In the afternoon had several similar paroxysms of agitation. The laudanum was repeated, but was immediately rejected. The pills and the enema he positively refused. About 6 p. m. he vomited a considerable quantity of a blackish fluid, resembling coffee-grounds, after which he lay in a state of collapse for about five minutes, when the whole body (right arm excepted, which was uncovered, and hanging over the side of the bed,) became cold, and covered with a clammy sweat. About 7 p. m. the same symptoms returned, with a similar termination, and again about twenty-five minutes to 8 p. m. when, at the close of the paroxysm, he ceased to breathe. In the intervals between the vomiting, he was at times composed and spoke sensibly, but more generally raved on the old theme of being poisoned; but during the whole time he knew and called those around him by their names.

An inspection was not granted by his friends.

CASE 3.—2d October, 1839. Mrs. D—, aged 52, married, the mother of a family, and of sober and regular habits, but of a nervous temperament and easily excited, had been complaining of what she thought was a cold since the afternoon of Thursday, 26th September, on which day she received a fright from a cat destroying a favourite bird of her son's. On Saturday, the 28th, she was out at market; and on that day she told her family that she was dying, and requested them to send for medical advice to save reflections.

When visited on Sunday at 4 o'clock, she was found complaining of difficulty of swallowing, especially fluids, attended with occasional fits of dyspnoea, and inability of remaining at rest in bed. On offering her any thing, she felt a great sense of choking and suffocation, and she snapt at what was offered to her, or took it in a hurried and jerky manner. She had a great terror at liquids, although she complained of much thirst. Her pulse was not quick, but weak; her mouth clammy.

On Monday (30th) she was in much the same state; slept very little, and when she did so, always awoke with a sense of suffocation. She preferred sitting up by the fire to being in bed. Bowels opened by laxative medicines. Had been ordered an antispasmodic mixture.

Tuesday (1st October). Spasms and excitement worse, but with difficulty had swallowed a little biscuit and tea. Was continually talking, but answered questions distinctly. Fancied she saw persons about her; had no sleep; had the same horror when any thing was put to her mouth, and snapt at it as before. At 1 o'clock she was in a convulsive fit, with twitchings of eyelids and cheeks, and mouth open, with the tongue partially protruded. She died at 3 o'clock, forty-seven hours from the period she was first visited.

The body was examined twenty-one hours after death. In the brain every

part was natural, except that the left thalamus was internally of a slightly pinkish hue, and the consistence not, on the whole, so firm as the other one. The *velum interpositum* was more than usually vascular, and this state was very remarkable in the situation of the pineal gland. The veins in the *pia mater*, where it enters the fissure of Sylvius, were very tortuous and large, but empty.

The viscera of the chest were natural. The only thing deserving notice in the abdomen was, that the stomach was remarkably small. Its mucous membrane, and that of the œsophagus, were quite healthy.

On considering all that we had observed in this inspection, and taking the symptoms, a few of which had been mentioned to me by the medical gentleman who attended her, in our walking to the house, (the above history having been furnished by him the day after,) I was struck much with the case. From her peculiar temper, it had been looked upon as a nervous affection, or a case of hysteria; but it was stated by the friends that the woman herself was acutely sensible of her horror at liquids, and that she had repeatedly told them she could not take them, but would make the attempt, and that the manner she did so was such as to astonish them all. She had also complained much of the cold air when moving the bed-clothes about her; but they had not observed any thing particular in her appearance, nor heard her make any complaint on the door being opened. The husband also stated that she had retched often, and that what she brought up was froth and "like soap-suds."

I had observed a little dog on entering the passage of the house, and had asked them if the dog was theirs. The husband said that they had had a dog, but that it died about six weeks ago. They could not say what was the matter with it, but it drooped, and could not eat or drink, from its tongue being protruded, and so swelled that it could not get it back into its mouth. It was not vicious, and never had bit any one, nor been bit. In its illness it paddled with its mouth in water put down to it, but could not lap it up from the state of its tongue. It slavered much. The woman was extremely fond of it, and nursed it on her knee frequently. I examined her hands, but saw no scratches or sores. On further inquiries being made at the husband and sons two days afterwards (the woman having been buried), they stated that the dog had come home some time before its death with a cut in its head, but whether by a dog or not they could not say; and they also stated that the deceased had a sore on her arm, which she was in the practice of making the dog lick, in the belief that the doing so would heal the sore.

It was apparent that the friends believed the woman's death was connected with the dog; but they wished it kept quiet, and it was with considerable reluctance they gave the preceding statement.

ART. III.—MONESIA.

BY A. D. CHALONER, M. D.; AND BY W. S. W. RUSCHENBERGER, M. D., U. S. NAVY.

Philadelphia, September 18th, 1830.

Dr. R. Dunglison,

Dear Sir,—The following notes on a new vegetable substance, called "*Monesia*," which I had collected, if of any service to you, are at your disposal. Hoping that in them you may find something to repay for their perusal, I remain

Your obedient servant,

A. D. CHALONER, M. D.

During the last winter I received, through the politeness of Dr. Joseph Warrington, (the skillful and accomplished accoucheur of the Philadelphia Dispensary,) a specimen of the bark of a tree from Chili, with a fluid extract of the consistence and colour of tar, made from the bark. The bark

was called by the Chilians "*killeai*" or "*quillai*" bark, and the extract was used by them as a *soap* for the ordinary purposes of washing. Not having leisure to examine the extract, I deferred the analysis of it until the summer; in the month of April, I obtained some of the "Extract of *Monesia*" for the purpose of arresting a profuse discharge of blood, in a case of menorrhagia of seven weeks' duration.

On examining the monesia, I was struck with the resemblance between the extract that I had received from Chili and the monesia; and on evaporating the fluid extract by means of the sun's rays, a substance was obtained resembling the monesia in every particular. Dr. Martin St. Ange, in his paper on monesia, observes "that the extract of monesia is prepared in the country from the bark of a tree, whose botanical name is not known;" on examining the "*Histoire Naturelle du Chili*, par M. l'Abbe Molina, traduit de l'Italien, et enrichie de notes, par M. Gruvel, D. M., I find the following description:

"*Monoecia—Polyandria—Quillaia—Masc.* cal. 4, phyllus con. o. stamina 12. Foemin. cal. 4, phyllus. con. o. Styli 4. Caps. 4, locularis, semina, solitaria. Folia alterna, ovato-oblonga, indivisa, denticulata, semper-virentia, petiolata. Pedunculi axillares. Flores masculi et feminei in eadem ramo. Calyc. foliol. oblongis, persistentibus. Stam. capillaria long. calycis. Anthæ subrotundal. Germen subrotundum. Styli subulati. Caps. subquadrata."

Quillaja Saponaria.¹—"The Quillai (*quillai saponaria*, gen. nov.) This tree, whose trunk attains more than the middle height, is covered with a thick bark of an ashy gray; it is divided at the top into two or three branches, which bear leaves like those of the green oak; the flowers are the same as respects the stamens, but the seed is enclosed in a quadrangular capsule. The wood of the *quillai* is very hard, and difficult to be split; it is on this account that the peasants make stirrups of it; but what makes this tree more valuable to the Chilians, is the bark, which being pulverised and mingled with a sufficient quantity of water, foams like soap, and has the same effect in removing grease from woollen and other stuffs. The commerce which is carried on with this bark is considerable; the Peruvians, especially, import a large quantity. The name of the tree is derived from the Chilian word *quillean*, which signifies to wash."

The bark which I have received from Chili accords with the above description of the *quillai* in every respect. *Monesia*—its properties:—it is soluble entirely in water—nearly insoluble in pure alcohol—is incompatible with the following substances: acetate of lead, corrosive sublimate, salts of iron, iodine, ferro-cyanuret of potassium, the pure alkalies, potassa, soda, and ammonia—which I have ascertained by experiment. Its watery solution is decidedly acid, turning litmus paper to a bright red colour. The taste of monesia is peculiar: first sweet, soon astringent, then acid, and finally pungent and permanent, especially in the fauces; it also thickens the saliva—if, when in the state of a fine powder, it be snuffed up the nostrils, it causes violent coughing and sneezing. I have used the monesia, in the form of pill (3 grs. each), in menorrhagia² and dysentery, given every two or three hours according to the violence of the disease,—as an ointment, in the proportion of 8 grs. of monesia to 3j of simple cerate, in herpes labialis, with effect,—also the tincture, in the proportion of 30 grs. to f3j, as an application to indolent ulcers and scrofulous abscesses.

After the external application of the monesia, either in the form of an ointment or tincture, severe pain and smarting ensues, which passes off, however, in about fifteen or twenty minutes. The watery infusion has been

¹ This description I have translated literally.—A. D. C.

² Vide Medical Examiner, vol. iii. pp. 207, 215, &c.

used with success in tinea capitis,—the Chilian ladies wash their hair with it, making the hair silky and smooth.

Respectfully, yours, &c.

A. D. CHALONER, M. D.

My dear Sir,—I regret that I have not yet heard from my friend Dr. Styles on the subject of the extract of quillai, which is supposed by Dr. A. D. Chaloner to be the same article as monesia, which has attracted so much attention in Paris.

I spent the first half of the year 1827 in Chili, and there became acquainted with the quillai bark, and though I was told it was used medicinally by the Indians or aboriginal natives, I never learned any thing in relation to its specific application. As I have stated, it was known more for what might be considered its domestic virtues than medicinal qualities. On my return from Chili in the autumn of 1829, I brought some of the bark to this city; but I do not know that I was the first who did so. I spent parts of the years 1831, 2, and 3 on the coast of Chili, and when I left Valparaiso in October, 1833, the extract of quillai was not known there. I brought home with me a very considerable quantity of the bark, for the purpose of causing experiments to be made with it, to ascertain whether it might not be useful in the arts; and about the same time several tons of the bark were imported into Baltimore. In April, 1835, I received a letter from my friend Dr. J. Styles, of Valparaiso, informing me that a foreign pharmacist had prepared an extract from the quillai, from which he hoped to derive great benefits, if experiment should prove the extract to be a valuable medicine, as was suspected. As I was on the eve of departure from the United States, I was not able to cause its virtues to be tested as I had been requested to do.

When in Chili in 1837, the fluid extract of quillai was not in general use as a medicine; but chiefly known as a cleanser of woollen and silk stuffs, and a promoter of the growth of hair. Its application was not more extended than the bark itself, which is not used for common laundry purposes in Chili—at least not upon the coast; perhaps for the reason that the tree does not sufficiently abound in the country to render its bark procurable at an expense which would bring it into competition with soap.

M. Bernard Derosne describes the bark from which the monesia is prepared as of a deep brownish-red colour, and presenting a clean fracture (see page 3 of his brochure.) How far this description applies to the bark of the quillai, and to the dry extract prepared from it in Chili in 1834 or 5, you can judge by the specimens which I herewith send for your acceptance.

I have employed a cold infusion of the bark in several affections of the skin of mild character, and as a wash for indolent ulcers with advantage; and in one case it proved to be an effectual remedy for itch.

"The quillai is the bark of the *quillaja saponaria*—Molina, a large tree growing at the foot of hills and in the mountain valleys of Chili. When the bark is broken into small pieces, and infused in cold water, it forms a suds similar to that of soap. With this the ladies of Chili are in the habit of washing their heads, once in about ten days; they say it preserves the scalp from dandruff; it certainly gives the hair a very clean, glossy appearance. Besides, it is also useful for cleansing cloths, silks, and crapes from grease, without injuring either their texture or colour; and it is sometimes used as a medicine."

The quillai bark is brought to market in bales, or rather bundles, containing each from one to two hundred or more pounds. The bark is in pieces of from three to five or six feet long, from two to eight inches wide, depending very much upon the size of the trunk from which it may have been stripped. The tree grows sometimes to the height of 40 or 50 feet, having a diameter at the ground of from one to two feet.

Externally the bark is rough, and of a deep reddish-brown colour; its internal surface is smooth, of a cream white, which darkens by age; and when recently dried, is almost entirely covered by minute crystalline particles. When broken, the inner bark is found to be tough, compared with its outer covering, and may be stripped into ribbons and pliant shreds several inches in length. The interstices of its fibres seem to be full of an almost impalpable powder, which is cast out when the bark is fractured, and when brought in contact with the lining membrane of the nose, excites sneezing, and sometimes a slight sense of stricture about the fauces. Its taste is peculiar; at first slight, then sweetish, warm, and finally leaving an unpleasant impression upon the fauces like that produced by chewing senega, which endures for some time. The old bark floats in water until it becomes thoroughly wet, when it sinks. If steeped in cold water for eight or ten hours, in the proportion of a handful of shredded or coarsely powdered bark to a gallon of water, it produces an infusion of the colour of common ley, which, when agitated, presents upon the surface a resemblance to soapsuds.

From what I have seen of the effects of this cold infusion, I should be disposed to give it a fair trial as an injection in leucorrhœa, with an expectation of very decidedly favourable results—probably more remedial than those which have been derived from a similar application of the monesia in this affection.

The means of verifying the experiments made by Dr. Chaloner are at hand in this city; and it is to be hoped that those who have the opportunity will not fail to seize upon it, to set the question at rest, whether monesia and the extract of quillai are prepared from one and the same tree. It may be discovered, perhaps, that monesia consists of extract of quillai with an addition of glycyrrhiza, &c. My own experience does not warrant me in expressing a decided opinion upon this suggestion.

Very respectfully and truly yours,

W. S. W. RUSCHENBERGER,
41 South Eighth street, Sept. 1840.

Professor R. Duglison.

ART. IV.—ON HYDROPHOBIA.

BY JAMES NEASE, M. D., PHILADELPHIA.

Dear Sir,—Your statement in page 170, of the "New and successful treatment for the prevention of hydrophobia," by Dr. Miroff, of St. Petersburg, demands a notice. Let us endeavour to lay open the mystery of the disease, although we cannot cure it.

No possible objection can be made to the treatment Dr. M. prescribes, because all other modes have failed; the way is therefore clear; but part of the prescription is not original, viz. dressing the wound with the ointment of red precipitate of mercury; the use of which can only be to keep the wound open, and thus favour the discharge of the canine virus. The *probable* benefit derived from the practice has repeatedly been experienced by persons bitten, who have been enabled to keep up a drain from the part for some time. I say, and *italicise* the word "probable," because no man can with any but a shadow of propriety, ascribe his success in the prevention of the disease to any internal or local treatment, when it is known that not one in twenty of those bitten takes the disease. Such is the chance for an escape, and such is the calculation of mortality from a bite, formed from ample experience. A policy of life-insurance of a bitten person might be based upon this datum. It has, moreover, often happened that persons bitten by a dog paid no attention to their wounds and remained well, while others bitten by the same dog, and treated by excision of the part or caustic, died

of the disease.¹ Besides, if Dr. Miroff had been familiar with the facts on hydrophobia, he would have known that "one year or more" was not enough to test the infallibility of his or any treatment; for the virus has remained much longer inactive in the system, and yet was roused into action with fatal effect. Very old medical authors assert that fifteen and even twenty years and more have elapsed between the reception of a bite and the appearance of the disease; to these long intervals, however, I must demur; nevertheless, I gave credit to and have recorded one undeniable case, in which three years and four months intervened after a bite until the symptoms appeared.² If, then, I should be asked why longer intervals cannot be credited, I can only reply, that there is no record of a case of the genuine disease having appeared after the virus had remained inactive for such long periods as just mentioned; the mere *ipse dixit* of the old medical authors will not be received as truths in the present searching age. "What can we reason but from what we know?" There can be no question of the interval between the bite and the disease of three years and four months, and until it is clearly ascertained that a longer interval has occurred, we must set down the first of those periods as the limits to our belief of the inactivity of the virus. How it happens that a poison so inveterate and uncontrollable when it does operate, should remain so long dormant in the system, and even sometimes when other acute diseases have been sustained and treated during its quiescence, is one of the mysteries of the animal economy well worth investigating, and one that would form a proper subject for the Boylston (Boston) annual prize, or for a prize from the learned body, the College of Physicians of Philadelphia.

In the year 1818, the *Alisma plantago* was strongly recommended, in an express treatise, by a Russian counsellor of state, as a remedy for the disease, on the authority of a peasant, who was said to have been very successful in the treatment of it. This is a common marsh and ditch plant of Europe and the United States. In the year 1821 was published the plan of treatment by Dr. Marochetti, of Russia. The chief theory upon which he laid great stress was, that the virus is conveyed in full force to the two sublingual glands, one on each side, between the genio-glossi muscles, the lower jaw, and the inner membrane of the mouth, which immediately covers them, and that the virus is conveyed to the extremities of two or three secretory ducts proceeding therefrom, forming one or two small tumours of unequal size, which are to be opened by a lancet, and a few drops of sanious lymph evacuated and spit out. The mouth is then to be washed with a decoction of genista (broom). Dr. M. says he too was indebted for a knowledge of the discovery to a Russian peasant, who had been very successful in the treatment of the disease.³ A due estimate of the authority to be attached to such a source of medical instruction as a Russian peasant, of whom not one in ten thousand can read or write, and are probably as ignorant and stupid as any inhabitants of the earth, may be easily formed. The *Alisma* and Dr. M.'s method of treatment appear to have had their day. I have not seen the particulars of any cases treated by either the first remedy or the last plan, and I presume I never shall. Dr. Miroff's is the third Russian mode of treatment, the merits of which, at least in the United States, remain to be ascertained, for I must enter a caveat against reported cases from Russian physicians or Russian peasants.

JAMES MEASE.

Sept. 23d.
Professor Dunglison.

¹ See my paper "On Snake-Stones and other Remedies for the Prevention and Cure of Diseases from Snake and Dog Bites," in Cox's Med. Museum, vol. v. p. 1.

² Med. Repos. New York, vol. v. p. 298.

³ Med. and Phys. Journal, New York, vol. i. p. 117. 1822.

BIBLIOGRAPHICAL NOTICES.

Gannal's History of Embalming, by Harlan.¹

This work forms an octavo of 264 pages, neatly bound in boards, and, together with numerous additions, may be purchased at a price much less than the original could be imported. Mr. Gannal's process has already been introduced into the great anatomical schools of Paris. The Montyon prize has been awarded to the author by the National Institute; he was also equally complimented by the Royal Academy of Medicine.

Of Dr. Harlan's qualifications as a translator, thoroughly informed on the subject of his author, no one can doubt,—engaged, as he has long been, in making preparations on human and comparative anatomy; and by his recent residence in Paris, having had ample opportunities for witnessing the results of Gannal's processes, and of various analogous improvements. We agree with Dr. Harlan, that the volume before us embraces subjects of interest to both the general and the professional reader, and that it contains "indispensable material for the researches of the practical anatomist and student of natural history."

Stokes's Lectures on the Theory and Practice of Physic, by Bell.²

It is scarcely necessary for us to repeat what we have already said touching the value of Stokes's Lectures. The first edition appeared in the pages of this Library, and the only collected copy of his writings prior to the present existed in that form; for whether it is that the lectures are not as highly prized in Great Britain as they are here, or that some other cause may be in action with which we are unacquainted, they have only appeared there in the pages of a periodical.

Dr. Bell has added to Dr. Stokes's lectures certain dissertations to which he has given the same term, and endeavoured to accommodate the language as if they had been addressed to a class of students.

Of the twelve lectures added, one is on the characters of typhus and typhoid fever; no less than seven are on congestive fever; and the rest discuss cholera in its various forms, the exanthemata, rheumatism, and chronic laryngitis.

To render Dr. Stokes's work more extensively useful, we should have adopted a different course from that pursued by Dr. Bell. As far as the work went, it was valuable in many respects. It was not only instructive, but attractive; yet it was confessedly, as a guide to the student, imperfect. This imperfection would, in our mind, have been better supplied by dividing the chapters or "lectures" on congestive fever amongst subjects any one of which

¹ History of Embalming, and of Preparations in Anatomy, Pathology, and Natural History; including an account of a New Process of Embalming. By J. N. Gannal. Paris, 1838. Translated from the French, with notes and additions, by R. Harlan, M. D. 8vo, pp. 264. Philadelphia, 1840.

² Lectures on the Theory and Practice of Physic. By William Stokes, M. D. &c. &c. 2d American edition, with numerous Notes and 12 additional Lectures. By John Bell, M. D., Lecturer on the Institutes of Medicine and Medical Jurisprudence, &c. &c. 8vo. pp. 672. Philadelphia, 1840.

would have been equally important. As it now is, the student may in vain look for information on some of the most interesting diseases; and even his reference to what the work really does contain is greatly impeded by the want of an index. In the first American edition the index was sufficiently brief, but still it was an aid; whilst every one who refers to the edition before us is compelled to wade through a long table of contents before he can find the reference he desires. Yet Dr. Bell has been industrious, the additional lectures occupying upwards of 170 pages of the volume, and containing—as every thing proceeding from him must contain—information of much interest to the profession.

MISCELLANEOUS NOTICES.

Paine's Medical and Physiological Commentaries.—We are requested to state, that Dr. Paine will soon reply, in a pamphlet, to all the strictures of H. J. B. which have appeared in the Boston Medical and Surgical Journal, in relation to Dr. Paine's Essay on the Principal Writings of M. Louis, contained in his valuable "Commentaries."

Philadelphia School of Anatomy.—The annual announcement of this school of anatomy, under the superintendence of Drs. James M'Clintock, and J. M. Allen, contains the names of 135 students, who formed the class of 1839-40.

Philadelphia Hospital, Blockley.—*Dr. M'Clintock*.—The Board of Guardians have recently appointed Dr. M'Clintock as one of the obstetrical physicians to this institution, in the room of Dr. Charles Bell Gibson, resigned. Dr. Gibson will, in future, practise his profession in Baltimore, where we trust he may meet with eminent success.

*On the structure of the Macula Lutea (Foramen of Soemmering) of the Human Body. By Dr. Grube, of Königsberg.*¹—The author had previously made many observations on the structure of this part, but their results had been unsatisfactory, in consequence of the length of time that had elapsed after death before the eye was removed. The examination here described is that of an eye taken from a body a few hours after an accidental rupture of the spleen.

The retina adhered so firmly to the vitreous humour that the greater part of the latter could be removed only by carefully cutting with scissors. With the naked eye it was at once easily discerned that the level of the macula lutea was not a little raised above the surface of the retina. On placing it and the part around it under a microscope magnifying 300 times, and compressing it but slightly, the macula lutea presented exactly the appearance of shagreen. Longish-round corpuscles, which were smaller the nearer they were to the centre, and there not more than one fourth or one fifth of the size of the medullary corpuscles on the surface of the rest of the retina, were arranged close together and with great regularity, like rays passing from the centre to the circumference of the spot. Towards the circumference they became larger, and gradually merged into the form and size of the corpuscles of the rest of the retina. The circumference, however, did not form a regular circle, but the small medullary bodies radiated beyond it at some parts, to different distances from its outline.

¹ Muller's Archiv. Heft. i. 1840; and Br. and For. Med. Rev. July, 1840, p. 255.

*New method for the radical cure of Varix, and especially of Varicocele. By M. Ricord.*¹—After pointing out the errors of believing that varicocele affects only persons of twenty or thirty years old, and imagining it to be a common consequence of gonorrhœa or epididymitis, whereas in fact it is more generally a predisposing cause of the latter disease, and instead of being produced by it, is more often cured by it; M. Ricord proceeds to describe his mode of operation.

"The hair must be shaved from the genital organs on the side to be operated on, and the veins must be dilated by making the patient walk about a little, or by enveloping the scrotum for a few hours in hot poultices, or by fomentations. This being done (though if the swelling is at all times considerable these precautions are unnecessary), the vas deferens must be separated from the mass of veins, and the latter being taken up with a fold of the scrotum, a flat lance-shaped needle armed with a double-looped thread must be passed beneath them. When the needle has been passed completely through the skin from one side to the other, the veins are to be let go, the skin alone being now held up, and then a second needle similarly armed must be passed through over the veins, entering at the same hole by which the first needle was thrust out, and passing out at the same hole by which the first entered. The bundle of veins is thus fixed between two double threads, of which one passes over and the other beneath it. The ends of each double thread on each side are then to be passed into the loop of the other, and now, by drawing these ends in opposite directions, the vessels are tied beneath the skin. By this kind of ligatures the vessels may either be suddenly constricted or be tied gradually in a manner something like that adopted by M. Breschet, or most conveniently by a properly adopted *serre-nœud* after the fashion of a tourniquet.

"It is usually from the tenth to the twentieth day that the vessels are divided by this means, and their division may be easily recognised by the freedom with which the ligatures may be drawn from one side to the other without being, as they were before, retained by the parts which they inclosed. It sometimes happens, that at the instant of the first constriction the patient suddenly feels rather an acute pain in the course of the spermatic cord; it is usually less severe than in the other operations for the same purpose; and though it often recurs at the successive constrictions, yet it has never been long continued, nor given rise to any accident. It is sufficient to keep the scrotum raised, to employ some anodyne frictions on the inguinal canal or the lumbar region, or to apply some emollient poultices, to effect its removal. Sometimes a slight œdema of the scrotum supervenes, and I have twice observed rather a considerable serous effusion in the tunica vaginalis. In one patient, also, who went out of the hospital and in a few days after the operation exposed himself to great fatigue, a slight abscess formed in the cellular tissue; but with these exceptions, there has been no important accident.

"It must be clearly understood, that if the patient is strong and plethoric, he is to be bled from the arm directly after the operation; that the horizontal position must be maintained till the vessels are cut through; and that the bowels must be carefully kept open.

"Twelve patients have now been operated on in this manner at the Veneréal Hospital, and in all the most complete and satisfactory result has been obtained. The three last of them were presented at the Academy of Medicine; two completely cured, and the third, who was operated on only two days previously, still wearing the ligature and the *serre-nœud*.

"I have employed the same method for varices of the legs. I have already operated on nine patients, some having simple varicose swellings, and others

¹ Bulletin Générale de Thérapeutique, Mars, 1840; and Br. and For. Med. Rev. July, 1840, p. 271.

varicose ulcers. In some a single ligature was sufficient, in others as many as four were applied. In none have there occurred any symptoms of phlebitis; the varicose veins have been obliterated and the ulcers speedily cicatrised; and in one of the patients whom I saw six months after the operation, there was no relapse. Still, however, I do not think that this method is likely to be so successful in all cases of varices of the lower extremities as in those of varicocele."

Revaccination in the Prussian Army in 1839. By Dr. Lohmeyer.¹

Total revaccinated	-	-	-	-	-	-	41,481
Of this number there were <i>distinct</i> marks of previous vaccination in	-	-	-	-	-	-	33,225
			<i>indistinct</i>				5,889
			none in	-	-	-	2,367

The course of the disease was regular in	-	-	-	-	-	19,249
			<i>irregular</i>			8,534

And no effect followed in	-	-	-	-	-	13,698
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Out of the number that remained unaffected in the first instance, the operation was repeated with effect in	-	2,105
without effect in		7,886

Out of the number revaccinated, in whom the disease ran a regular course (19,249), there were produced perfect pustules as follows:

1 to 5 pustules in	-	-	-	8,762
6 to 10	-	-	-	5,650
11 to 20	-	-	-	4,095
21 to 30	-	-	-	742

Of those revaccinated with effect in 1839 and previously, there were attacked in the course of the same year,

With varicella	-	-	18
With varioloid disease	-	-	7
With smallpox	-	-	0

The revaccinations, as in former years, were made partly from arm to arm, and partly (in the beginning of the process) from dried lymph. In the operations from arm to arm, the lymph was taken partly from fresh-vaccinated children, partly from adults vaccinated or revaccinated. The results, as in former years, were so far similar in the two latter cases, that true pustules equally followed from either source; but it appeared from the testimony of several of the surgeons that there ensued a more powerful reaction, with considerable fever in the stage of maturation, from the insertion of the lymph from adults than from children. The inoculations from dried lymph often failed.

As had also been formerly observed, the disease was often remarkably well characterised in individuals in whom the scars of previous vaccination were strongly marked, while it often failed, and after repeated trials, in others who showed no trace of a former disease.

By way of experiment, many individuals, in whom there existed more or less distinct scars from *smallpox*, were vaccinated, and frequently in these there ensued perfectly good pustules both as to appearance and course.

¹ Berl. Medic. Zeitung, April 22, 1840; and Br. and For. Med. Rev., July, 1840, p. 276.